

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 01/13/04  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: APPARATUS AND METHODS FOR GUIDING  
AN ENDOSCOPE VIA A RIGIDIZABLE WIRE  
GUIDE  
  
Attorney Docket Number:: 021496-000410US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: —  
Total Drawing Sheets:: 7  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RODNEY  
Family Name:: BRENNEMAN  
City of Residence:: San Juan Capistrano  
State or Province of Residence:: CA  
Street of Mailing Address:: 34002 Las Palmas Del Mar  
City of Mailing Address:: San Juan Capistrano  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92675

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RICHARD  
Middle Name:: C.  
Family Name:: EWERS  
City of Residence:: Fullerton  
State or Province of Residence:: CA  
Street of Mailing Address:: 1437 W. Malvern  
City of Mailing Address:: Fullerton  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92833

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: VAHID  
Family Name:: SAADAT  
City of Residence:: Saratoga  
State or Province of Residence:: CA  
Street of Mailing Address:: 12679 Kane Drive  
City of Mailing Address:: Saratoga  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: EUGENE  
Middle Name:: G.  
Family Name:: CHEN  
City of Residence:: Carlsbad  
State or Province of Residence:: CA  
Street of Mailing Address:: 3600 Corte Castillo  
City of Mailing Address:: Carlsbad  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92009

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/440,054	01/13/03

#### **Assignee Information**

Assignee Name:: USGI Medical Corp.  
Street of mailing address:: 12679 Kane Lane  
City of mailing address:: Saratoga  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95070